

FIGURE 1

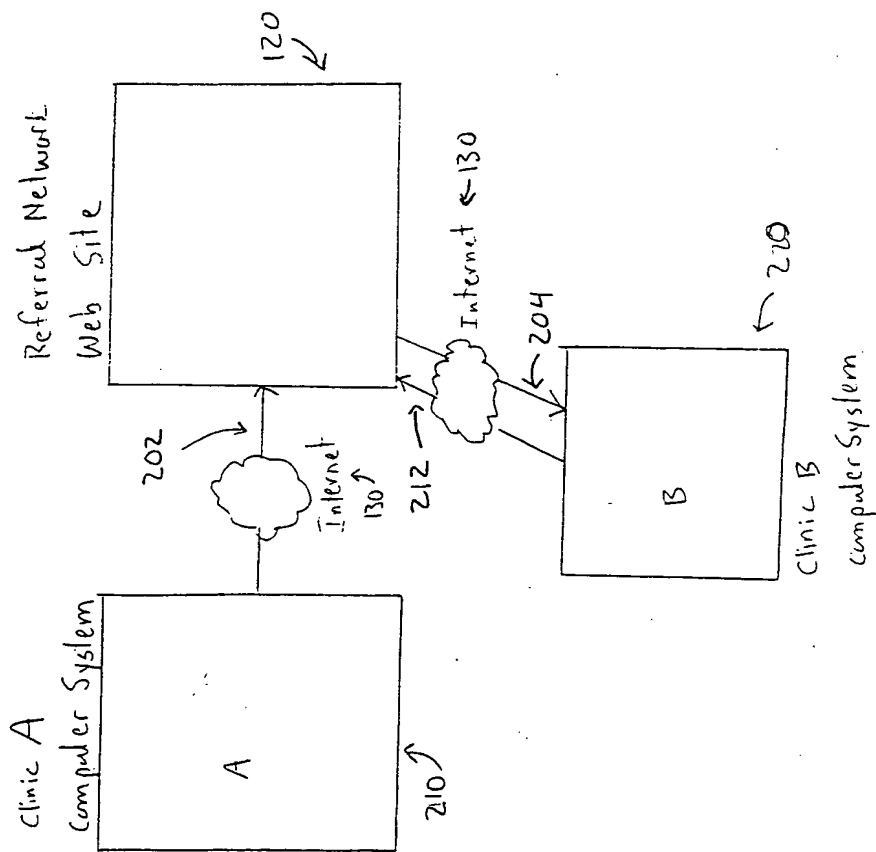


FIGURE 2

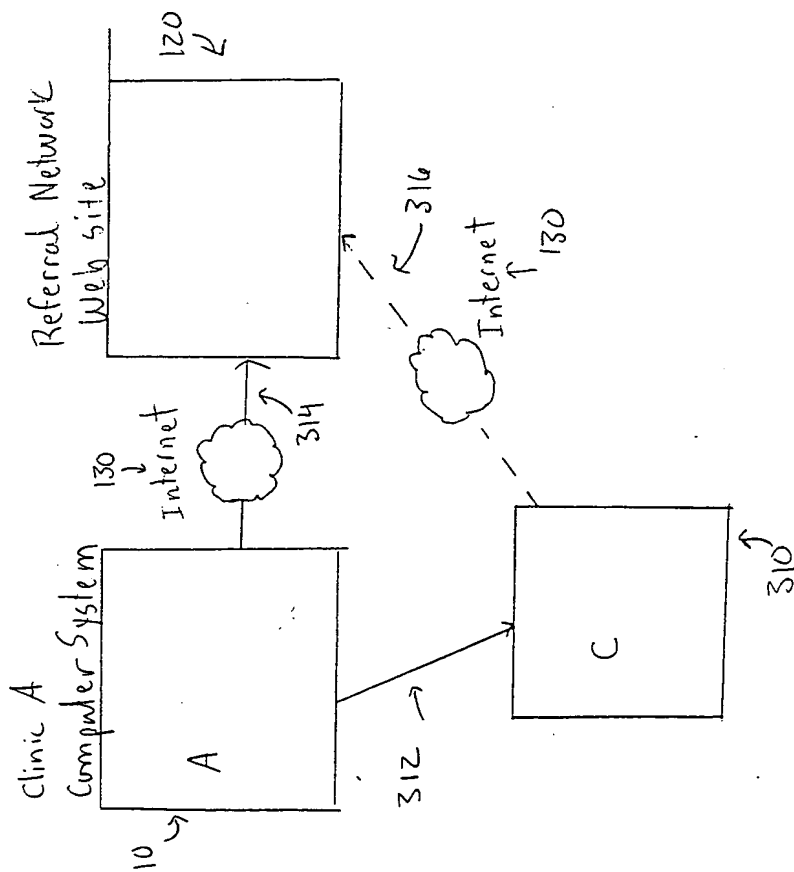


FIGURE 3

**BEST AVAILABLE COPY**

FIGURE 4



- Home ~ 570
- Patient Info ~ 546
- Physician Info ~ 565
- Change Profile ~ 562
- 563 ~ Clinic Info ~ 574
- Edit Template List ~ 564
- Submit Template ~ 561
- Change Password ~ 567
- Support ~ 572
- 571 ~ Help
- 573 ~ Log Off

Dr. Shettigar  
Primary  
Account  
Vineetha  
Clinic

# iMedica Physician Network

Inbox ~ 542    New Letter ~ 550    Draft Letters ~ 546    Sent Items ~ 544    Deleted Items ~ 548

## Welcome to the iMedica Referral Network

Dr. Shettigar,

- You have 0 New Referral Letters from other physicians. ~ 512
- You have 2 Incomplete Referral Letters from previous sessions. ~ 514

If you are an iMedica PhysicianSuite user, you need to click here to set up the clinic information to access the PSManger database. ~ 510

You are working from Vineetha Clinic clinic for this Session. If this is not correct, then please click the button below:

Setup Clinic ~ 521

### How to Use this site:

Use the left and top panels to navigate throughout this site. The selected item will displayed on the right pane, or a pop-up window, if appropriate.

### As a sender, you can:

- Create a new referral letter. ~ 580
  - Save an unfinished referral letter.
  - Save and send a completed referral letter.
- Edit an unfinished referral letter. ~ 581
- View the referral letters previously completed by you. ~ 584
- Delete letters you have sent.
- Recover letters you have deleted. ~ 588
- Get Referral Authorization Number from the Payor.
- Have iMedica send your referral authorization request to the Payor.

### As a recipient, you can:

- View the referral letters sent to you by other physicians. ~ 592
  - Reply with a short acknowledgement to the originating physician.
  - Reply to the originating physician with a full report.
  - Forward the referral to a third physician.
- Delete letters you have viewed.
- Recover letters you have deleted. ~ 598

Figure 5



[Home](#)  
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# iMedica Physician Network

[Inbox](#)   [New Letter](#)   [Draft Letters](#)   [Sent Items](#)   [Deleted Items](#)

## Composing a New Referral Letter

**1. Patient Information:** ~ 610

Look Up from PS Manager Database

From Vineetha Clinic clinic. Click [Here](#) to Change.

..... Select a Patient .....

or

[Look Up or Add Patient Information](#)

**2. Referring to Physician:** ~ 620 ~ 622

..... Select a Physician .....

or

[Look Up or Add Physician Information](#)

630   640

Figure 6

FOUOESD" M2ET.2860



iMedica™

- [Home](#)
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## Lookup or Add a Patient

[View Patient List from every Clinic](#)

Look Up a Patient: ☐ New FemalePatient ☒ (This clinic only)

Patient #:20000724114946   Clinic:Vineetha Clinic

\*First Name: New

\*Last Name: FemalePatient

\*DOB (mm/dd/yyyy): 12/12/86

\*Sex: ☒ Female

\*Address1:

Address2:

\*City:

\*State: California ☒

\*Zip: 54356-3563

\*Phone: --

Fax:

Email:

Patient From PSManager Are Not Updatable

[Delete This Record from iMedica](#)

[Write new referral letter](#)

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Figure 7

TOOESD" S2ET 2860



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Clinic

# iMedica Physician Network

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## Composing a New Referral Letter

You are referring:  
Ms. New FemalePatient  
CA 54356-3563

~810

To:  
DO New Physician D.O.  
954 San Rafael Ave.,  
Mountain View, CA 94043

~820

Back to Re Select Physician or Patient

~830

**Found a draft letter. Work on it.**

~840

If you choose the options below, it will overwrite the draft letter.

Select a chart note from database (next page)

~840

Start New Letter (don't pull data from database)

~850

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Figure 8A





# iMedica Physician Network

[Inbox](#)   [New Letter](#)   [Draft Letters](#)   [Sent Items](#)   [Deleted Items](#)

Select a chart note for composing the referral letter

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Primary  
Account  
Vineetha  
Clinic

Past Office Visits			
Select	Visit Date	Status	Assessment
<input checked="" type="checkbox"/>	View <sup>843</sup> 11/29/00 Chart	Complete	250.03 C DIABETES MELLITUS WO COMPLICAT- TYPE I-UNCONTROL 250.72 C DIABETES W PERIPH CIRCULAT DIS- TYPE II-UNCONTROL <sup>841</sup>

847

Figure 8B

Chart for VERONICA on 11/29/00

CC

alopecia

HPI

alopecia

- \*Location  
diffusely on the left
- \*Quality  
hypopigmented hair
- \*Onset and Resolution  
ongoing
- \*Onset of Symptom  
months ago
- \*Limitation on Activities  
is incapacitating
- \*Norwood Type  
VI (moderate frontal and vertex)
- \*Severity  
mild  
severe
- \*Frequency of episodes  
increasing
- \*Environmental Factors  
no known associated factors
- \*Significant Medical Conditions  
radiation therapy
- \*Significant Medications  
illegal drug ( )
- \*Triggers  
cold
- \*Alleviating Factors  
activity
- \*Exacerbating Factors  
activity
- \*Pertinent Negatives  
itching
- \*Pertinent Positives  
mastoid erythema

ROS

Allergy/Immunology Normal (denies food allergies)  
Cardiovascular Normal (denies arrhythmia, chest pain/presure, edema, exercise intolerance)  
Constitutional Normal (denies fatigue, fever, insomnia, weight gain, weight loss)  
Dermatologic  
No alopecia  
Ears/Nose/Throat/Neck Normal (denies hearing loss, nasal discharge, sinus congestion)  
Endocrine Normal (denies goiter, hyperglycemia, hypoglycemia)  
Eyes Normal (denies eye pain, photophobia, vision change)

Figure 8C

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10050-521-2860

Gastrointestinal Normal (denies abdominal pain, constipation, diarrhea, gastroesophageal reflux)  
 Genitourinary/Nephrology Normal (denies dysuria, nocturia, urinary incontinence)  
 Hematologic/Lymphatic Normal (denies abnormal bleeding and bruising, anemia, lymphadenopathy)  
 Musculoskeletal Normal (denies arthralgias, muscle weakness, myalgias)  
 Neurologic Normal (denies dizziness, headache, syncope)  
 Psychiatric Normal (denies anxiety, depression)  
 Respiratory Normal (denies cough, dyspnea, wheezing)

**PE**

**Neck**

inspection of neck

\*Normal:

normal size  
 normal appearance  
 no masses or lesions  
 absence of swelling  
 normal major salivary glands  
 normal jugular venous pressure  
 no carotid bruits

\*Masses:

right  
 firm

\*Major salivary glands:

parotid gland  
 nontender  
 fluctuant

**Assessment**

250.03 C DIABETES MELLITUS WO COMPLICAT-TYPE I-UNCONTROL  
 250.72 C DIABETES W PERIPH CIRCULAT DIS-TYPE II-UNCONTROL

**Prescription**

ACTAGEN TABLET [Sig:1 tablet; Qty:1; Ref:0; 11/29/2000- 12/02/2000]

**Lab/Proc To Be Ordered**

30300 - Removal foreign body, intranasal; office type procedure

**Plan**

Return After    Return After 1 Weeks.

Diet                Regular

Return to Previous Page

Figure 8D

T00E50 52272860



iMedica

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Dr.  
 Shettigar  
 Primary  
 Account  
 Vineetha  
 Clinic

# iMedica Physician Network

## Referral Letter Composer

Patient: VERONICA AVILA, (DOB:3/25/63),  
 patient#=2000112112474799

\* indicates fields that could come from PSManager (Not Updatable\*)

Enter referral letter content below.

	Referral Authorization #:	<input type="text" value="902"/>	Select
901	**Chief Complaint:	alopecia	920
	Primary Diagnosis:	<input type="text" value=""/> (ICD9 Code)	
	**Last Visit Date:	11/29/00	
	Current Problem	<input type="text" value=""/>	
	Duration:	<input type="text" value=""/> Select	
	choose an opening remark	<input checked="" type="radio"/> Referral <input type="radio"/> Consult	
	Opening Remarks:	Please accept the referral of 38-year-old female VERONICA AVILA.	
	**History of Present Illness:	alopecia *Location	
	**Past Medical History:	: Anemia 11/29/00: 250.72 C DIABETES W	
	*Allergy History:	<input type="text" value=""/>	
	*Family History:	<input type="text" value=""/>	915
	**Social History:	12/1/00: MARITAL STATUS:	
	Travel History:	<input type="text" value=""/>	
	**Vital Signs:	Weight: 150 LBs Height: 5 ft 6 in	
	**Physical Exams:	Neck inspection of neck	
	Diagnosis:	250.03 C DIABETES MELLITUS WO COMPLICAT-TYPE I-UNCONTROL	

Figure 9A

10050 525 2860

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Treatment Plan:	30300 - Removal foreign body, intranasal; office type procedure	✓
Lab Results:		✓
Radiographic Results:		✓
Medical Procedure:		✓
Procedure Complication:		✓
Procedure Site:		✓
Procedure Result:		✓
Biopsy Result:		✓
Differential Diagnosis:		✓
Additional Tests:		✓
Test Results:		✓
Treatment:		✓
Follow Up:		✓
Additional Information:		✓
Closing Remarks:	Please assist me in the evaluation of VERONICA. I look forward to your	✓

Preview with Template1 910  
912 Template2

Figure 9B

IMedica Referral Network

Originating MD Address

Date

Recipient MD Address

Dear Doctor X:

Thank you for your kind referral of (patient's name, date of birth, medical record number). As you may well know, Mr./Ms. (patient's last name) was referred to me for the question of (chief complaint, referral question, or rule out diagnosis), (ICD9 code).

I saw Mr./Ms. (patient's last name) on (date of last visit). He/she continued with (chief complaint) for the past (# of) days/months. On further discussion of his/her history of present illness, he/she continued with (history of present illness). He/she had a past medical history of (past medical history), a (drug allergies) drug allergy/ies with (drug allergies symptoms), a family history of (family history), a social history of (social history, to include cigarettes alcohol drugs), and a travel history of (travel history).

On physical examination, he/she had (vitals) and (physical exam). Laboratory evaluation to date revealed (lab results), with the following radiographic results (radiographic result).

At present, it is apparent that Mr./Ms. (patient's last name) has the following differential diagnosis (differential diagnosis, as generated by the specialist). He/she was advised as to our opinion and the following additional (lab/radiograph/procedure) were performed, with the following results (results or pending). The following treatment was rendered (treatment, as generated by the specialist). Mr./Ms. (patient's last name) was scheduled a follow up appointment (date of next appointment) with me (or, advised to follow-up with you).

Again, thank you very much for the opportunity to participate in the care of this very interesting patient.

Sincerely,

Originating MD

Figure 10

100550" 522T 2860

FROM:

Dr. Albert Shen  
1206 N. Capitol Ave.  
San Jose, CA 95132  
555-555-3237

TO:

Ming Chien  
223423 Oakcrest Ave.  
Cupertino, CA 95014  
650-960-6890 x505

January 5, 2001

Dear Dr. Ming Chien,

Please accept the referral of 38-year-old female VERONICA AVILA.

VERONICA last visited me on 11/29/00.

VERONICA continued with the following complaint: alopecia.

VERONICA's history of present illness is as follows:

alopecia:

It is located diffusely on the left. It is described as hypopigmented hair. Symptom is ongoing. Symptom started months ago. The Chief Complaint is incapacitating. The lesion is Norwood type VI (moderate frontal and vertex). The Chief Complaint is mild, and severe. The frequency of episodes is increasing. Symptom occurs in the context of no known associated factors. Pertinent medical conditions include radiation therapy. Recent medications include illegal drug ( ). Important triggers include cold. Symptom is alleviated by activity. Symptom is exacerbated by activity. Patient denies itching. Associated signs and symptoms include mastoid erythema.

VERONICA's past medical history is as follows:

Anemia

11/29/00: 250.72 C DIABETES W PERIPH CIRCULAT DIS-TYPE II-UNCONTROL ,  
11/29/00: 250.03 C DIABETES MELLITUS WO COMPLICAT-TYPE I-UNCONTROL

VERONICA's social history is as follows:

12/1/00:

Marital Status:

Not Specified, 0 children

Education Level:

Not Specified.

Drug History:

Tobacco: Current 1 Years

Alcohol: In Past 2 Years

Drugs: Not Specified.

VERONICA's last vital sign is as follows:

Figure 11A

FOUO SET 2860

Weight: 150 LBs  
Height: 5 ft 6 in  
BMI : 24  
TEMP: 98.6  
BP1: 140/ 80

VERONICA's last physical exam is as follows:

1) Neck : inspection of neck - \*Normal: normal size, normal appearance, no masses or lesions, absence of swelling, normal major salivary glands, normal jugular venous pressure, no carotid bruits, \*Masses: right, firm, \*Major salivary glands: parotid gland, nontender, fluctuant.

The diagnosis is as follows:

250.03 C DIABETES MELLITUS WO COMPLICAT-TYPE I-UNCONTROL  
250.72 C DIABETES W PERIPH CIRCULAT DIS-TYPE II-UNCONTROL

The treatment plan is as follows:

30300 - Removal foreign body, intranasal; office type procedure

Please assist me in the evaluation of VERONICA. I look forward to your feedback.

Sincerely,

Albert Shen, MD

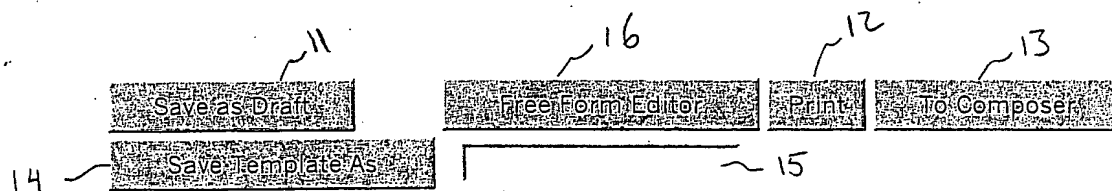


Figure 11 B



## Free Form Editor

To cancel Edit and go back to previous page

Back

After finished editing above, click here to

Final Preview

FROM:

Dr. Albert Shen  
1206 N. Capitol Ave Ste# 204  
San Jose, CA 95132  
408-251-3237

TO:

Ming Chien  
223423 Oakcrest Ave.  
Cupertino, CA 95014  
650-960-6890 x505

January 5, 2001

Dear Dr. Ming Chien,

Please accept the referral of 38-year-old female VERONICA AVILA.

VERONICA last visited me on 11/29/00.

VERONICA continued with the following complaint: alopecia.

VERONICA's history of present illness is as follows:

alopecia:

Top of Page

Figure 12

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